MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						~	
2	/	/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		//					58							
9							59							
10							60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		//					65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
20	/	/					70							
21	/	/					71							
22		/					72							
23		/					73							
24		/					74							
25		/					75							
26							76							
27							77							
28		//					78							
29		//					79							
30	/	/					80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	27						TOTAL DEP.							
TOTAL CLAIMS	31						TOTAL CLAIMS							